Intervention: Family therapy for chronic asthma in children

Finding: Insufficient evidence to determine effectiveness

Potential partners to undertake the intervention:	
Nonprofits or local coalitions	☐Businesses or labor organizations
Schools or universities	☐Media
	Local public health departments
State public health departments	☐ Policymakers
⊠Hospitals, clinics or managed care organizations	Other:

Background on the intervention:

There is evidence that psychosocial and emotional factors are important in childhood asthma. Family problems can cause stress for a child, which can worsen asthma. However, drug therapy alone is the standard treatment. There are treatment programs that have been developed that include behavioral and psychological aspects to improve family relations in the families of children with severe asthma. This has been extended to look at the efficacy of family therapy to treat children with asthma in a broader group of patients.

Findings from the systematic reviews:

Trials were examined that compared children undergoing systematic family therapy in conjunction with asthma medication with children on medication only. Two trials were included. The findings could not be combined because each study used different outcome measures.

One study showed that there was improvement in peak flow rates and daytime wheezing symptoms in the family therapy patients compared to the medication-only patients. The second study showed an improvement in overall clinical assessment and number of functionally impaired days in the family therapy patients. There was no difference in peak flow rates or medication use. In conclusion, there is some evidence that family therapy may be a useful adjunct to medication for children with asthma.

Limitations/Comments:

Conclusions are limited by small study sizes and lack of comparable outcome measures. More research is needed to determine the effectiveness of family therapy in addressing chronic asthma in children.

Reference:

Yorke J, Shuldham C. Family therapy for chronic asthma in children. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD000089. DOI: 10.1002/14651858.CD000089.pub2.

Evidence-Based Practices for Healthiest Wisconsin 2010 - Developed by the Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services, in partnership with the University of Wisconsin Population Health Institute (October 2005). Available at: http://dhfs.wisconsin.gov/statehealthplan/practices/